



U.S. Department of Transportation
Federal Aviation Administration

☐ MECHANIC ☐ REPAIRMAN ☐ PARACHUTE RIGGER

☐ AIRFRAME ☐ SENIOR ☐ MASTER

☐ POWERPLANT _____ (Specify Rating) ☐ SEAT ☐ CHEST

APPLICATION FOR: ☐ ORIGINAL ISSUANCE ☐ ADDED RATING

I. APPLICANT INFORMATION	A. NAME <i>(First, Middle, Last)</i>				K. PERMANENT MAILING ADDRESS	
	B. SOCIAL SECURITY NO.		C. DOB <i>(Mo., Day., Yr.)</i>		D. HEIGHT	E. WEIGHT
					NUMBER AND STREET, P.O. BOX, ETC.	
	F. HAIR	G. EYES	H. SEX	I. NATIONALITY <i>(Citizenship)</i>		
					CITY	
	J. PLACE OF BIRTH				STATE	
	L. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED?				M. DO YOU NOW OR HAVE YOU EVER HELD AN FAA AIRMAN CERTIFICATE?	
	<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," explain on an attached sheet keying to appropriate item number).				<input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY TYPE:	
	N. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATE STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, AND DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES?				DATE OF FINAL CONVICTION	
					<input type="checkbox"/> NO <input type="checkbox"/> YES	

II. CERTIFICATE OR RATING APPLIED FOR ON BASIS OF -	<input type="checkbox"/> A. CIVIL EXPERIENCE					<input type="checkbox"/> B. MILITARY EXPERIENCE					<input type="checkbox"/> C. LETTER OF RECOMMENDATION FOR REPAIRMAN (<i>Attach copy</i>)				
	<input type="checkbox"/> D. GRADUATE OF APPROVED COURSE		(1) NAME AND LOCATION OF SCHOOL												
			(2) SCHOOL NO.			(3) CURRICULUM FROM WHICH GRADUATED						(4) DATE			
	<input type="checkbox"/> E. STUDENT HAS MADE SATISFACTORY PROGRESS AND IS RECOMMENDED TO TAKE THE ORAL/ PROACTICAL TEST (FAR 65.80)				(1) SCHOOL NAME				NO.		(2) SCHOOL OFFICIAL'S SIGNATURE				
<input type="checkbox"/> F. SPECIAL AUTHORIZATION TO TAKE MECHANIC'S ORAL/PRACTICAL TEST (FAR 65.80)				(1) DATE AUTH.		(2) DATE AUTH. EXPIRES		(3) FAA INSPECTOR SIGNATURE				(4) FAA DIST OFC.			

III. RECORD OF EXPERIENCE	A. MILITARY COMPETANCE OBTAINED IN		(1) SERVICE		(2) RANK OR PAY LEVEL		(3) MILITARY SPECIALITY CODE		
	B. APPLICANT'S OTHER THAN FAA CERTIFICATED SCHOOL GRADUATES. LIST EXPERIENCE RELATING TO CERTIFICATE AND RATING APPLIED FOR. <i>(Continue on separate sheet, if more space is needed).</i>								
	DATES-MONTH AND YEAR		EMPLOYER AND LOCATION				TYPE WORK PERFORMED		
	FROM	TO							
C. PARACHUTE RIGGER APPLICANTS: INDICATE BY TYPE HOW MANY PARACHUTES PACKED			SEAT	CHEST	BACK	LAP	FOR MASTER RATING ONLY	PACKED AS A - <input type="checkbox"/> SENIOR RIGGER <input type="checkbox"/> MILITARY RIGGER	

IV. APPLICANT'S CERTIFICATION	I CERTIFY THAT THE STATEMENTS BY ME ON THIS APPLICATION ARE TRUE	
	A. SIGNATURE	B. DATE

I FIND THIS APPLICANT MEETS THE EXPERIENCE REQUIREMENTS OF FAR 65 AND IS ELIGIBLE TO TAKE THE REQUIRED TESTS.	DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE

FOR FAA USE ONLY

[illegible]

Results of Oral and Practical Tests

MECHANIC											
I. GENERAL - Airframe and powerplant											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
II. AIRFRAME STRUCTURES											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
III. AIRFRAME SYSTEMS AND COMPONENTS											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
IV. POWERPLANT THEORY AND MAINTENANCE											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											
V. POWERPLANT SYSTEMS AND COMPONENTS											
ORAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
QUES. NO.											
PRACTICAL TEST			PASS	<input type="checkbox"/>	EXPIRATION DATE:			FAIL			<input type="checkbox"/>
PROJ. NO.											

PARACHUTE RIGGER					
TYPE	SEAT	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	BACK	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	CHEST	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
	LAP	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
		PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>

REMARKS

DESIGNATED EXAMINER'S REPORT

I have personally tested this applicant in accordance with pertinent procedures and standards, and

I HAVE INDICATED THE RESULT AS:

☐ APPROVED (*Temporary Certificate Issued*)
 ☐ APPROVED (*Temporary Certificate **NOT** Issued*)
 ☐ DISAPPROVED
 ☐ FAR 65.80 - ORAL/PRACTICAL PASSED

ATTACHMENTS:

☐ REPORT OF WRITTEN TEST
 ☐ SUPERSEDED CERTIFICATE
 ☐ LETTER
 ☐ FAA FORM 8610-2
 ☐ TEMPORARY CERTIFICATE
 ☐ SEAL SYMBOL CARD

DATE TEST COMPLETED	EXAMINER'S SIGNATURE	DESIGNATION NO.
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APPLICANT'S CERTIFICATION

THIS BLOCK MUST BE COMPLETED BY THE APPLICANT AT THE TIME OF ISSUANCE OF TEMPORARY CERTIFICATE (FAA FORM 8060-4)

A. HAVE YOU EVER HAD AN AIRMAN CERTIFICATE SUSPENDED OR REVOKED? ☐ NO ☐ Yes If "Yes," explain on an attached sheet.

B. HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY FEDERAL OR STATES STATUTES PERTAINING TO NARCOTIC DRUGS, MARIJUANA, DEPRESSANT OR STIMULANT DRUGS OR SUBSTANCES? ☐ NO ☐ YES → DATE OF FINAL CONVICTION

I CERTIFY THAT THE STATEMENTS BY ME ARE TRUE.

A. SIGNATURE

B. DATE

FAA INSPECTOR'S REPORT

I HAVE -

☐ EXAMINED THIS APPLICANT'S PAPERS.
 ☐ PERSONALLY TESTED THIS APPLICANT IN ACCORDANCE WITH PERTINENT PROCEDURES AND STANDARDS.

WITH THE INDICATED RESULT -

☐ APPROVED
 ☐ DISAPPROVED

PARACHUTE SEAL SYMBOL ASSIGNED _____

☐ ANSWER SHEET GRADED (Military Competency)

DATE	INSPECTOR'S SIGNATURE	FAA DISTRICT OFFICE
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